

THESIS PROPOSAL APPROVAL FORM

You may submit this form at anytime, but it must be submitted one quarter before the first registration for ME 0810 (your thesis slot).

Student Name: _____ Home Phone: _____

Curriculum: _____ Section: _____

Graduation Date: _____ Degree(s): _____

TENTATIVE THESIS TITLE: _____

Anticipated funding requirements (if any): _____

And source: _____

ELECTIVE COURSES TO BE TAKEN: _____

You must take at least six 4xxx courses to qualify for five ME 0810 slots.

FIRST QUARTER TO REGISTER ME 0810: _____

APPROVED BY:

Advisor (signature): _____ Date: _____

Advisor (name): _____

Curricular Officer: _____ Date: _____

Academic Associate: _____ Date: _____

Chairman: _____ Date: _____

Note to Student: This thesis form signifies a formal agreement between you and the faculty member. The information contained in this form is used for thesis accounting, faculty load planning, and research project management. When all approvals are completed, you, your thesis advisor, and the curricular office will receive a copy of this form.

PLEASE FILL OUT THIS FORM WITH YOUR THESIS ADVISOR AND RETURN TO THE
ACADEMIC ASSOCIATE